STATEMENT OF

| FORM 1 | ORGANIZ (See instructi | | | Office use only |
|---|---|--|----------------|--|
| NAME OF COMMITTEE (in | (Check if name is changed) | Example: If typying, type over the lines | 12FE4M5 | |
| National Socie | ety of Professional Engineers Po | olitical Action Committee | 11111 | |
| | | | | |
| ADDRESS (number and | street) | | | |
| (Check if address is changed) | Alexandria | | | 22314 |
| | | CITY▲ | STATE▲ | ZIP CODE 📥 |
| COMMITTEE'S E-MA | IL ADDRESS (Please provide only one e | e-mail address) | | |
| (Check if address is changed) | sogden@nspe.org | | | |
| | | | 11111 | |
| COMMITTEE'S WEB | PAGE ADDRESS (URL) | | | |
| (Check if address is changed) | http://www.nspe.or | g | 11111 | 1111111 |
| | L | | | |
| 2. DATE M N N N N N N N N N N N N N N N N N N | 15 2011 | C C00090415 | | |
| 4. IS THIS STATEM | MENT X NEW (N) OR | AMENDED (A) | | |
| I certify that I have exami | ned this Statement and to the best of my kr Treasurer Mr Fred E Palm | - | t and complete | |
| Signature of Treasurer | Electronically Filed by Mr Fred | E Palmerton | Date 0.8 | / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| NOTE: Submission of fa | Ise, erroneous, or incomplete information m | ay subject the person signing this S | · | |
| Office Use Only | | For further information Federal Election Communication Toll Free 800-424-953 | nission | FEC FORM 1 (Revised 02/2009) |